

CLAIMS ONLY

Application Number
091892904

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50	1					
Total Indep	3					
Total Depend	10					
Total Claims	13					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52	/					
53	/					
54	/					
55	/					
56	/					
57	1					
58	/					
59	/					
60	/					
61	/					
62		/				
63		/				
64		/				
65		/				
66		/				
67		/				
68		/				
69		/				
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88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
Total Indep	1		8			
Total Depend	10		30			
Total Claims	11		38			

11
24